

RENEWAL APPLICATION
DIRECT-ENTRY MIDWIFE



**MONTANA BD OF ALTERNATIVE
HEALTH CARE 301 S PARK, PO BOX
200513 HELENA MT 59620-0513
(406) 841-2394**

LICENSE NO. _____

RENEW DATE _____

STATUS: _____

ADDRESS CORRECTIONS ONLY:

NAME: _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP/COUNTRY: _____

Your Montana Direct-entry Midwife license will expire on April 30.

In order to renew your license:

- 1) Complete the renewal application.
- 2) Complete the continuing education attest statement below.
- 3) Complete the CPR/Neonatal Resuscitation attest statements and expiration dates.
- 4) Answer the disciplinary question at the bottom of the form.
- 5) Submit a check or money order for \$275.00 made payable to the Board of Alternative Health Care. Do not send cash.
- 6) Renewals with an U.S. Postal Service postmark after April 30th will be assessed a penalty fee by state law of \$137.50, increasing the total to \$412.50. **NO EXCEPTIONS!**
- 7) Sign the renewal application.
- 8) Return the renewal application and fee to the Board office postmarked by April 30th.

CONTINUING EDUCATION ATTEST STATEMENT:

You are required to obtain 14 hours of continuing education (CE) relating to midwifery within 12 months prior to renewal April 30 of each year. The Board will be conducting a random audit of licensees during the renewal cycle to ensure compliance. If you are among those selected, you will be notified to submit documentation that you have completed the requirement. Any CE non-compliance determined by the audit will be handled by the Board as a disciplinary matter.

I have completed the required hours of continuing education. ____Yes ____No

I have not completed my continuing education and have enclosed a plan to complete my CE requirement. ____Yes ____No

I do not need continuing education, as this is my FIRST license renewal. ____Yes

CPR REQUIREMENT:

I have a current and unexpired CPR card. I am aware that I cannot practice without this current card, and I hold myself responsible for fulfilling this requirement. CPR Expiration Date: _____

NEONATAL RESUSCITATION REQUIREMENT:

I have a current and unexpired Neonatal Resuscitation card. I am aware that I cannot practice without this current card, and I hold myself responsible for fulfilling this requirement. Neonatal Resuscitation Expiration Date: _____

I declare under penalty of perjury that the above statements are true. I am aware that a false statement may lead to license discipline. Incomplete or unsigned renewal applications will not be processed and will be returned.

LEGISLATION PASSED IN THE 2005 SESSION PROVIDES THAT A LICENSEE HAS 45 DAYS TO RENEW HIS/HER LICENSE BY PAYING THE LATE FEE. ANYONE RENEWING 46 DAYS OR MORE AFTER THE APRIL 30 DEADLINE DATE, MAY HAVE A COMPLAINT FILE OPENED AND THE POSSIBILITY OF UNLICENSED PRACTICE MAY BE ADDRESSED BY THE BOARDS DISCIPLINARY SCREENING PANEL.

Yes ____ No ____ Have any legal or disciplinary actions been instituted against you since your renewal? If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec. 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your signature: _____ **Date:** _____

